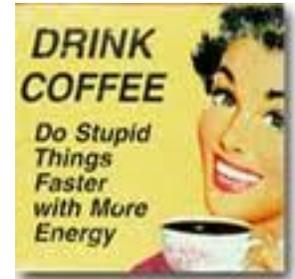


# In the Situation Room: Ethical Practice Using Harm Reduction Methods for Substance Users IDAHO SCHOOL 2017



## Harm Reduction History and Principles

There are three distinct branches of harm reduction that have evolved throughout this movement and they are: public health, policy/advocacy and treatment.

The public health movement brought needle exchange programs and better access to medical care for people who are actively injecting substances.

Advocacy in harm reduction was the second branch to flourish and from it has emerged new policies and changing laws that discriminate against substance users.

The final and newest branch is harm reduction treatment, an upcoming form of treatment that addresses the needs of substance use management

### Values and Beliefs about Drug Use

	Agree	Disagree
1. It's natural to want to stay loaded all the time.	_____	_____
2. People who drink or use a lot should not have responsibility for kids.	_____	_____
3. People have the right to engage in whatever behaviors they want to. No one has the right to dictate another person's behavior.	_____	_____
4. My time would be better spent working with people who want to change rather than those who show no interest in changing their self-destructive behaviors.	_____	_____
5. A person can't make improvements in another area of his life while he continues to abuse drugs.	_____	_____
6. Alcoholics and addicts can learn to moderate their use.	_____	_____
7. Getting drug abusers to talk about their use is not helpful.	_____	_____
8. People who spend time explaining why they use are not ready to change.	_____	_____
9. Staff should not allow clients to use drugs onsite.	_____	_____
10. People should not be allowed come high to counseling sessions.	_____	_____

<b>Neurotransmitter</b>	<b>Major Functions of Neurotransmitters</b>	<b>Drugs Affecting</b>	<b>Associated Mental Illnesses</b>
<i>Dopamine</i>	Reward, muscle activity, energy, attention, pleasure, emotional stability	All, but some more than others!	Schizophrenia, other psychosis
<i>Norepinephrine</i>	Energy, motivation, eating, attention, pleasure, alertness, assertiveness, confidence - "fight or flight"	Stimulants, nicotine	Anxiety, depression
<i>Serotonin</i>	Mood stability, appetite, sleep, sexual activity, aggression, self-esteem	Stimulants, hallucinogens	Depression
<i>Anandamide</i>	Learning, memory, motor coordination, integration of sensory experience with emotion	Marijuana	
<i>Endorphins</i>	Pain control, reward, stress control	Opioids, alcohol, marijuana, PCP	Mood lability, emotional pain
<i>GABA</i>	Major inhibitory NT, muscle relaxant, controls aggression, arousal - brain's "valium"	Alcohol, benzodiazepines, barbiturates, PCP	Anxiety, insomnia
<i>Glutamate</i>	Major excitatory NT, memory, learning, arousal, reward	Ketamine, PCP	Mania

### NEUROTRANSMITTERS, DRUGS, AND MENTAL ILLNESS



### **Harm Reduction Clarification Questions for self and supervisors**

1. What concerns you most about the client? What do you think worries him the most?
2. What challenges do you see in trying to engage him in a therapeutic relationship?
3. What are the factors that might be involved in his complaints?
4. What behaviors would you target for work?
5. What makes sense about clients behavior? What are the benefits from the client's point of view? How is his behavior adaptive?
6. What stage of change do you think he's in (for stable housing, for drug treatment, for case management, for counseling)?
7. What are his strengths?
8. How long do you think it might take for him to reach your goals? What would be his most likely points of resistance?
9. What feelings and attitudes of your own get stirred up by the case?



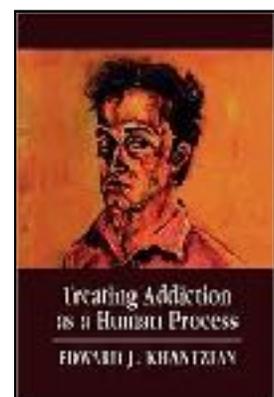
Questions	Responses
Is There a Healthier Behavior Choice?	
What Concerns You The Most?	
What Concerns the Client the Most	
What Stage of Change is the Client at?( desire ability importance need?)	
What is my strategy (ies)?	

**“WHY DO PEOPLE USE DRUGS?”**

Self-medication hypothesis was developed by Edward Khantzian in the early 1980s. Khantzian found among the people he and his associates worked with that pre-existing emotional problems prevented successful adaptation to adult life. Alcohol and drug use becomes a strategy to attain greater functionality.

What does this theory leave out?

(Social and cultural aspects of drug and alcohol use, including neighborhood, quality of immediate physical environment regarding where one lives (on the street, in an SRO, in an apartment in an affluent neighborhood), access to drugs and alcohol, AND the neurobiological actions of the drugs themselves.

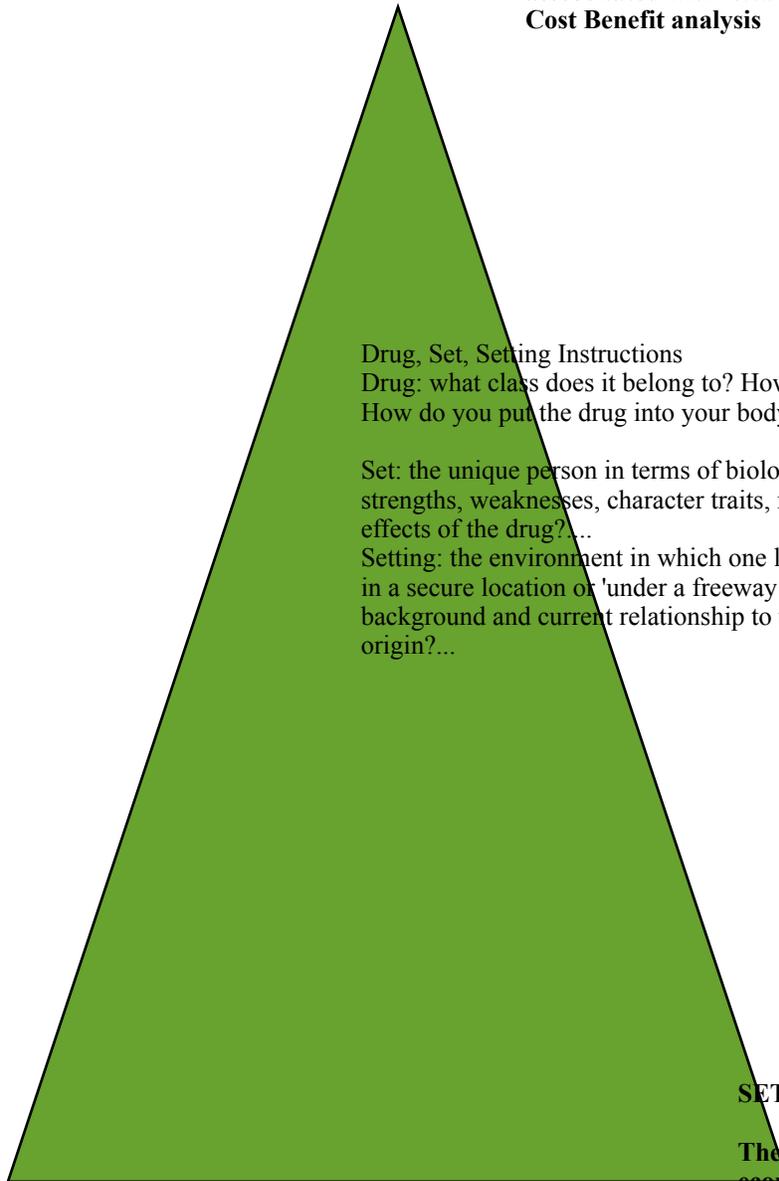


**Drug, Set, Setting**

Adapted from :  
Zinberg, N. (1984)  
**Drug, Set, Setting**  
New Haven:  
Yale University

**DRUG**

**The drug itself (what it does and how potent it is)**  
**What it is cut with**  
**How it is used (swallowed, smoked, snorted, injected, absorbed)**  
**How is it obtained what risks or harms are associated with it?...**  
**Cost Benefit analysis**



Drug, Set, Setting Instructions

Drug: what class does it belong to? How potent is it? What is it cut with? How do you put the drug into your body? Is it legal?...

Set: the unique person in terms of biological vulnerabilities, psychological strengths, weaknesses, character traits, motivation and expectation of the effects of the drug?...

Setting: the environment in which one lives and uses. Alone, with others, in a secure location or 'under a freeway overpass'. One's cultural background and current relationship to this background and to family of origin?...

**SET (person)**

**Person's unique physiology**  
**Person's physical health**  
**Person's mental or emotional state**  
**Person's cultural identity, culture of origin, and sense of belonging**  
**Expectation of the drug and motivation for using the drug (why a person uses and what a person expects to get out of it)**

**SETTING**

**The stress in a person's life: social, economic, or environmental**  
**The support in someone's life**  
**With whom and where someone uses**  
**The social and cultural attitudes toward drug use – the meaning ascribed to drug use or to a particular drug by the person's community and surrounding culture**

### Ethical Road Map In Harm Reduction

Questions	Responses
Pause & Identify you personal response to case	
Review facts: harms, risks, concerns- yours+ clients	
Initial Plan based on Clinical Issues and reality	
Consult your ethics code	
What are the autonomy issues?	
What are the beneficence issues? (not a feeling or emotion but an INTENTION)	
What is the possibility that you or your system will create increased harm?	
What are concerns loyalty? Fidelity? Keeping your word Client relations- How do you hold and demonstrate respect?	
What are the Social Justice Issues?- fairness and equity for individual and for the larger community? ( Do you need legal advice or opinion?)	

Questions	Responses
How do you assess need for acceptance autonomy and collaboration versus coercion and expert authority?	
Identify and Assess options?	
Choose a course of action and share with client. Whenever possible collaborate.	
Implement and Monitor all outcomes	

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**DIFFERENCES BETWEEN ABSTINENCE BASED TREATMENT AND HARM REDUCTION PSYCHOTHERAPY**

<b>Traditional Addiction Treatment</b>	<b>Harm Reduction Psychotherapy</b>
Belief that Addiction is a primary biologic disease. Other things about you and your life do not cause this disease.You just have it.	Substance Problems are a complex mix of biological, social, psychological factors. Problems in your life may cause or lead to use.
The “disease’ is progressive and incurable. Once an addict always an addict.	Problems with substances can change for better or worse over you lifetime.
Loss of control is a primary symptom of the disease.	You may or may not lose control over your use. Many people who lose control are able to regain it. Even controlled or managed use may be harmful.
Addiction can only be dealt with by lifelong abstinence from all drugs not just the one that you have the problem with.	There are many ways to reduce harms that substance use causes.Abstinence is one of many choices that you might make
People with addiction suffer from denial and must be confronted with the reality of their problem.	You usually know that you have a substance problem.You may try to hide it so that others don’t judge you and try to force you to change.
Acceptance that you are powerless over you drug use is essential to recovery.	You can learn to use your power motivation and decision making skills to make healthier choices
Addiction is an equal opportunity disease. It is the same for everyone. There is only one program that works.	Just as each person is different, treatment should be tailored to individual needs, wishes and situation.
You have to hit bottom and suffer a lot before you are ready for recovery.	You can think about you patterns and risks at any time and make changes before things get out of hand.You can make healthier choices even if you are still using.
Drug Abuse only leads to Harm Jails Institutions and Death.	You may get real benefits from your alcohol and drug use even if it causes you trouble.

Traditional Addiction Treatment	Harm Reduction Psychotherapy
Summary: Addiction is a Disease	Substance use is risky behavior. Many people have an easy untroubled relationship with substances. Addiction occurs when that relationship is persistently harmful to you or others.

## Relapse Prevention

### Brief Situational Confidence Questionnaire

Right now I would be able to resist using drugs or drinking heavily in situations involving

Alcohol \_\_\_\_\_ Pot \_\_\_\_\_ Opiates \_\_\_\_\_ Stimulants \_\_\_\_\_

1. UNPLEASANT EMOTIONS (e.g., If I were depressed about things in general; if everything was going badly for me.)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

not confident

totally confident

2. PHYSICAL DISCOMFORT (e.g., If I were ill, jumpy, physically uncomfortable, tense.)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

not confident

totally confident

3. PLEASANT EMOTION (e.g., If something good were happening, I wanted to celebrate, I was happy, things were going well.)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

not confident

totally confident

4. TESTING CONTROL OVER MY ALCOHOL OR DRUGS (e.g., If I had the thought or belief that drugs were no longer a problem for me, if I felt that I can handle it again, if I am around people with worse problems than I or if I were around normal social users who didn't have problems.)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

not confident

totally confident

5. URGES AND TEMPTATIONS (e.g., If I had a sudden urge to use. If I were in a situation where I typically had used before, If I began to remember how good a rush or high felt, if I had a craving.)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

not confident

totally confident

6. CONFLICT WITH OTHERS ( e.g. If I had an argument with a friend; If I were having conflicts with significant others, at work or home.)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

not confident

totally confident

7. SOCIAL PRESSURE (e.g., If someone would pressure me to “ join in, be a good sport,” use with them. If I was invited to someone’s home and they offered me drinks or drugs.)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

not confident

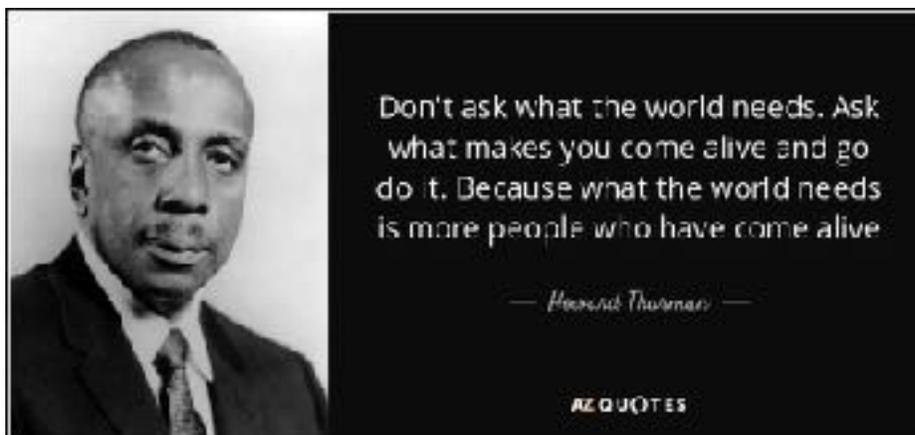
totally confident

8. PLEASANT TIMES WITH OTHERS (e.g., If I wanted to celebrate with friends, make friends, be at a social gathering and want to enhance the enjoyment.)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

not confident

totally confident



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